

12/07/00 THU 10:25 FAX 416-362-0823
12/04/00 MON 16:06 FAX 416-362-0823

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COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My citizenship, residence and post office address are as listed below next to my name.

I believe I am the original, first and ☐ sole/☒ joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: **Cytotoxic Heteromeric Protein Combinatorial Libraries** the specification of which

(a) ☐ is attached hereto.

(b) ☒ was filed on August 4, 2000 as Application Serial No. 09/601644 and was amended on _____.

(c) ☒ was described and claimed in International Application No. PCT/CA98/01137 filed on December 8, 1998 and amended on _____.

Acknowledgment of Duty of Disclosure

I hereby state that I have reviewed and understood the content of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the patentability of the subject matter claimed in this application in accordance with Title 37, Code of Federal Regulations § 1.56(a).

35 U.S.C. § 120

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose material information as defined in 37 CFR § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

| (Application Serial No.) | (Filing Date) | (Status)(patented,pending,abandoned) | (Patent No. if applicable) |
|--------------------------|---------------|--------------------------------------|----------------------------|
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| (Application Serial No.) | (Filing Date) | (Status)(patented,pending,abandoned) | (Patent No. if applicable) |
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Power of Attorney

I hereby appoint Carl Oppedahl, PTO Reg. NO. 32,746 and Marina T. Larson, PTO Reg. No. 32,038 of the firm of OPPEDAHL & LARSON LLP, having office at P.O. Box 5068, Dillon, CO 80435-5068 as attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO:
Oppedahl & Larson LLP
P.O. Box 5068
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Claim for Priority

I hereby claim foreign priority benefits under 35 U.S.C. § 119 (a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign applications for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

| EARLIEST FOREIGN APPLICATION(S), FILED WITHIN TWELVE MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION | | | | | |
|---|-----------------|------------------------------------|-----------------------------------|------------------|-------------------------|
| COUNTRY | APPLICATION NO. | DATE OF FILING (day/month/year) | DATE OF ISSUE (day/month/year) | PRIORITY CLAIMED | CERTIFIED COPY ATTACHED |
| Canada | 2,222,993 | 04-02-1998 | | YES(x) NO[] | YES[] NO[] |
| FOREIGN APPLICATION(S), IF ANY, FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION | | | | | |
| COUNTRY | APPLICATION NO. | DATE OF FILING (day/month/year) | DATE OF ISSUE (day/month/year) | | |
| | | | | | |

Provisional Application

I hereby claim the benefit under 35 U.S.C § 119(e) of any United States provisional application(s) listed below.

(application number)

(filing date)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

| | | | |
|--|------------------------------|--|--|
| NAME OF SOLE OR FIRST INVENTOR | LAST NAME GARIEPY | FIRST NAME JEAN | MIDDLE NAME |
| RESIDENCE & CITIZENSHIP | CITY OF RESIDENCE TORONTO | STATE OR COUNTRY OF RESIDENCE ONTARIO | COUNTRY OF CITIZENSHIP CANADA M5G 2M9 |
| POST OFFICE ADDRESS Ontario Cancer Institute Princess Margaret Hospital Room 7-117 610 University Avenue | | CITY Toronto | STATE/COUNTRY ZIP CODE Ontario, Canada M5G 2M9 |
| DATE <i>December 5, 2000</i> | | SIGNATURE <i>Jean Gariepy</i> | |

- [x] Signature for additional joint inventor attached. Number of Pages ____.
- [] Signature by Administrator(trix) or legal representative for deceased or incapacitated inventor. Number of Pages ____.
- [] Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR § 1.47. Number of Pages ____.

12/07/00 THU 10:26 FAX 416.388.0823

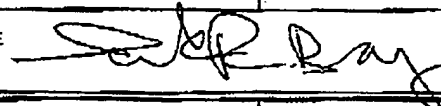
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|--|------------------------------|---|--|
| NAME OF SECOND INVENTOR | LAST NAME BRAY | FIRST NAME MARK | MIDDLE NAME ROBERT |
| RESIDENCE & CITIZENSHIP | CITY OF RESIDENCE TORONTO | STATE OR COUNTRY OF RESIDENCE ONTARIO, CANADA | COUNTRY OF CITIZENSHIP CANADA |
| POST OFFICE ADDRESS Ontario Cancer Institute Princess Margaret Hospital Room 7-117 610 University Avenue | | CITY Toronto | STATE/COUNTRY ZIP CODE Ontario, Canada M5G 2M9 |
| DATE December 5, 2000 | | SIGNATURE  | |
| NAME OF THIRD INVENTOR | LAST NAME | FIRST NAME | MIDDLE NAME |
| RESIDENCE & CITIZENSHIP | CITY OF RESIDENCE | STATE OR COUNTRY OF RESIDENCE | COUNTRY OF CITIZENSHIP |
| POST OFFICE ADDRESS | | CITY | STATE/COUNTRY ZIP CODE |
| DATE | | SIGNATURE | |
| NAME OF FOURTH INVENTOR | LAST NAME | FIRST NAME | MIDDLE NAME |
| RESIDENCE & CITIZENSHIP | CITY OF RESIDENCE | STATE OR COUNTRY OF RESIDENCE | COUNTRY OF CITIZENSHIP |
| POST OFFICE ADDRESS | | CITY | STATE/COUNTRY ZIP CODE |
| DATE | | SIGNATURE | |
| NAME OF FIFTH INVENTOR | LAST NAME | FIRST NAME | MIDDLE NAME |
| RESIDENCE & CITIZENSHIP | CITY OF RESIDENCE | STATE OR COUNTRY OF RESIDENCE | COUNTRY OF CITIZENSHIP |
| POST OFFICE ADDRESS | | CITY | STATE/COUNTRY ZIP CODE |
| DATE | | SIGNATURE | |